



PTO/SB/22 (10-00)
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| PETIT | ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | | | Docket Number (Optional) GTRC31.CIP | |
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| | | The series | In re Application of CLARK, James L., et | t al. | And the second second second second second | and the second second section and the second second section section section section section section section sec | |
| | | JAN 1 6 2002 | Application Number | | iled | | |
| | , | | 09/847,669 For | | May 2, 20 | 01 | |
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| | | RADE | Group Art Unit Exam | niner nassigned | | | |
| This requ | est unde | er the provisions of 37 CFR 1.136 | (a) to extend the period for filin | ng a reply in the abo | ove identific | ed application. | |
| 11 | | ension and appropriate non-smal | l entity fee are as follows | | | | |
| (check tir | me period | d desired): | 17(-)(1)) | | | 110.00 | |
| | | One month (37 CFR) | | | \$ | 110.00 | |
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| i | | Four months (37 CFR | 1.17(a)(4)) | | \$ | · . | |
| | | Five months (37 CFR | 1.17(a)(5)) | | \$ | | |
| | | Applicant claims small entity st one-half, and the resulting fee is | | fore, the fee amou | nt shown al | pove is reduced by | |
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| | | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| | | The commissioner has already been authorized to charge fees in this application to a Deposit Account. | | | | | |
| | | The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1507</u> . I have enclosed a duplicate copy of this sheet. | | | | | |
| | I am the applicant/inventor. | | | | | | |
| | assignee of record of the entire interest. See 37 CFR 3.71. | | | | | | |
| | | Statement under 37 CRF | 3.73(b) is enclosed. (Form PTS | S/SB/96). | | | |
| | | attorney or agent of record. | | | | | |
| | | attorney or agent under 37 C Registration number if act | FR 1.34(a). ring under 37 CFR 1.34(a)2 | 29,526 | | | |
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| | | Signatures of all the inventors of a forms if more than one signature | | re interest or their re | epresentativ | ve(s) are required. S | |
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